

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**67 0001335**  
STATE FILE NUMBER

Registrar on District No. 37 Primary Registration District No. 5520 Registrar's No. 34

DO NOT WRITE ON THIS STUB

AMENDED

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>FILED JAN 30 1967</b>  |  | 1. PLACE OF DEATH<br>a. CCUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Windsor</b>   |  | Length of stay in 1b<br><b>Lifetime</b>   |  | c. CITY OR TOWN <b>Windsor</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF DECEASED (If not in hospital, give location)<br><b>Farad Pond</b>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>612 S. Franklin St.</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CHARLES</b> Middle <b>GENE</b> Last <b>BECK</b>   |  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>22</b> Year <b>1967</b>   |  | 5. SEX <b>Male</b>   |  |
| 6. COLOR OR RACE <b>White</b>   |  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>12/16/1958</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Student</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>School</b>  |  | 9. AGE (last birthday) <b>8</b><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Windsor, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>Richard Daniel Beck</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Charleen Wooten</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br><b>Richard D. Beck</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Accidental Drowning</b><br>DUE TO (b) <b>Asphyxia due to drowning &amp; falling</b><br>DUE TO (c) <b>thin ice</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Fell thru ice on farm pond &amp; drowned</b>  |  |
| 20c. TIME OF INJURY<br>Hour <b>10:30</b> a.m. Month, Day, Year <b>Jan 22, 1967</b>  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Farad Pond</b>  |  |
| 20f. CITY, TOWN, OR LOCATION<br><b>Windsor</b>  |  | COUNTY <b>Henry</b>   |  | STATE <b>Mo</b>  |  |
| 21. I attended the deceased from <b>W. D. City, Mo.</b> to <b>Windsor, Mo.</b> and last saw her/him alive on <b>10:30A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Dr. R. S. Hallingworth</b>   |  | (Degree or title) <b>M.D. Physician</b>   |  | 22b. ADDRESS<br><b>Clinton Mo.</b>   |  |
| 22c. DATE SIGNED<br><b>1/22/67</b>  |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>1/24/1967</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Oak Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Windsor, Missouri</b>   |  | (State)  |  |
| 24. FUNERAL DIRECTOR<br><b>Huston-Hadley</b>  |  | ADDRESS<br><b>Windsor, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>JAN. 26, 67</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Mildred Biggers</b>   |  |   |  |  |  |

No. Post Commission  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 USE BLACK INK OR TYPEWRITER RIBBON

|                  |              |
|------------------|--------------|
| VS 300 Rev. 4/59 | DATE AMENDED |
| 1 0420           |              |
| 2 0421           |              |
| 3                |              |
| 4 0              |              |
| 5 0              |              |
| 6                |              |
| 7 0              |              |
| 8 2              |              |
| 9 9291           |              |
| 10 3             |              |
| 11 042           |              |
| 12 90-3          |              |
| 13 1-0           |              |

FEB 2 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles H. Selley

Licensed Embalmer No. 5220

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.